



**WADEM New Membership and Renewal Form -
WADEM Affiliate Organization Discount**

MEMBERSHIP REQUEST (Check one):

New Member _____
Renewing Member _____

Name: _____

Title: _____

Mailing Address:

Country: _____

Telephone: _____

E-mail: _____

Occupation/professional affiliation:

- Physician
- Nurse
- Engineer
- Paramedic/EMT
- Psychologist/Sociologist
- Other _____

Referred by: _____

PAYMENT METHOD (Please circle one):

<u>Membership Fees</u>	<u>Annual Income</u>
\$120.00 USD for	>\$40,000 USD
\$96.00 USD for	\$10,000-\$40,000 USD
\$72.00 USD for	<\$10,000 USD
*\$40.00 USD for	*Students, retirees, and people in professional training programs
(* limited membership; electronic publications only)	

BILLING INFORMATION

- Payment Enclosed**
- Visa***
- MasterCard***
- American Express***

Amount _____

Card Number _____

Exp. Date (Month/Year) _____

Signature _____

Make checks payable to **WADEM in **US Funds** and submit through your local bank's US correspondent.

*** Do NOT provide credit card number via email; send by fax (+1) 608-265-3037 or via post to the address listed below.

You may submit your membership application or renewal and payment information through the WADEM website using WADEM's secure PayPal page by clicking on the following link:

http://www.wadem.org/affiliate_discount.html

